

## Department Settlement Requirements from Adjusters and/or Attorneys

Settlement of **Permanent Total Disability** benefits on an accepted claim with medical and hospital benefits **reserved**: (Used Only when all parties agree the claimant is PTD)

### “Petition for Settlement – Injury / OD (Permanent Total Disability)”

- Claimant name
  - Insurer name
  - Employer name
  - Claim number
  - Agency Claim Number – Adjusters have access to this number on the EPC system
  - Date of injury
  - Dollar amount of settlement
  - Present value calculation, if applied - \*Language regarding the application of present value will need to be **on the petition – not just the Recap Sheet**
  - Medical reservation language must apply to the date of injury**
  - Special Provisions, if any
  - Lump Sum Justification, i.e. pre and post settlement income and expenses, a description of what the lump sum will be used for, demonstrating how the claimant will be financially sound with a lump sum as opposed to biweekly payments. (Relates to the necessities of life, an accumulation of debt incurred prior to the injury or a self-employment venture that is considered feasible under criteria set forth by the department) Include copies of debt documentation, if applicable**
  - Original claimant signature and address
  - Original witness signature
  - Date signed
  - Original Authorized Representative Signature
- Recap Sheet**
- Section 1 – Claimant name, date of injury and claim number
  - For dates of injury post 7/1/91 complete Section 4
  - For all dates of injury – complete Section 5
  - Claimant and Authorized Representative’s signature in Section 6
  - Attorney name and dollar amount of fees in Section 7